

place for the majority of the melancholiacs. The worst mistake that can be made is to send them to an insane hospital within too convenient reach of the patient's family or intimate friends and relatives, where the patient may every few days get a fresh load of grief in the painful familiar faces which go to kindly, but fatally, stab him with their sympathy and keep fresh his mental wounds. . . . When a patient refuses food or medicine it is generally from the promptings of some silent delusion as to its being impure, poisoned, or sinful to take it (and in many instances the refusal and the delusion arise from intestinal anaesthesia secondary to the psychosis). A common and great error in the treatment of this disease is sending the patient off on a long journey without medical attendance, or with a medical man who has no experience in psychiatry. Probably more melancholiacs, sent away in this way for the benefit of their health, die violent deaths by their own hands than recover to return home. J. G. K.

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**Anomaly of the Pupillary Reflex in Dementia Paralytica.**—Morselli (*Gaz. Digli. Ospitalli*, Feb. 21, 1886,) reported a case before the Royal Academy of Turin of an individual who was an insane paralytic, whose pupil dilated when exposed to the light instead of contracting as usual.

Mosso thought that this fact might prove a psychical action. Reymond said that a trifling brief dilatation of the pupil took place in the ataxic. Also the first effect of esserine was a slight and rapid dilatation of the pupil.

Morselli observed that his case could not be explained by either of these two interpretations. GRACE PECKHAM.

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**Nymphomania.**—Dr. Theophilus Parvin (*Medical Age*, Feb. 10, 1886,) says that in nymphomaniacs "there are generally found a coarse skin, large lips, black eyes, black hair, dark complexion, and a more or less rigid, contracted, and prominent condition of the muscles; there is usually less fat and connective tissue, so that on the whole the body is more angular and less rounded than in the perfect woman. But there are no absolute physical signs of a nymphomaniac. The condition may occur in the blonde, and the passion master the whole woman. There are three stages of nymphomania: the first, where the woman has complete control over her erratic desires, and retires to loneliness to dream over her passions; the second, where she seeks the men and by lascivious looks and gestures, maybe by a partly uncovered person, give evidence of her terrible infirmity; in the third degree the woman becomes truly a maniac and gratifies her desires by seeking connection with men and even with dogs. In some cases this condition is caused by local irritation, vaginitis, or uterine or ovarian disease may be the exciting cause. But in very many cases there is no local trouble." That there is such a thing as a

nymphomania pure and simple may well be doubted. The great majority of so-called nymphomaniacs are hebephreniacs, paroniacs, hypomaniacs, or hysterical lunatics. In no case, other than those of imperative conception or certain periodical lunatics, is nymphomania the only symptom. Dr. Parvin's idea of nymphomania here cited is clearly biased by the description of older authors who ignored the other symptoms of insanity and laid stress on the nymphomania alone. This was at an epoch when the tendency to create moromanias dominated *dilettante alienists*. The description of the personal appearance of the ideal nymphomaniac is taken from some Parisian author. The manner in which the term maniac is used by Dr. Parvin does not denote a very extended acquaintance with psychiatric terms. Dr. Parvin says that local vaginal application of cocaine has been of value in this symptom, but that moral suasion will be far more efficacious than drugs. The arms of a nymphomaniac may be tied, and she will masturbate by wriggling motions of her legs and thighs ; her arms and legs may be tied and she will accomplish her purpose by rubbing her body against the bed, bureau, or other furniture ; nothing less than death will control this all-devouring passion unless the mind can be impressed. The talk about removing the ovaries and clitoris reminds him of the man who was going to cut off the dog's tail to prevent him from going mad, when some one said that it would be necessary to cut it off *close behind his ears*. There are but few cases which will be benefitted by operative procedure. It is desirable, however, to remove all sources of irritation, and as has been shown by Dr. Goldsmith (*Alienist and Neurologist*, October, 1882), oophorectomy is of decided value in certain chronic cases with nymphomaniacal symptoms as an aid to moral treatment. In such chronic cases motherhood is contraindicated for the benefit of society and the patient ; hence oophorectomy cannot be regarded as contraindicated because it unsexes the woman.

KIERNAN.

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THERAPEUTICS OF THE NERVOUS SYSTEM.**The Treatment of Sciatica and Neuralgic Affections by Methyl Chloride.**

Dr. Henry B. Millard, in the *Therapeutic Gazette*, Feb. 15, 1886, describes this method, as Debon, the originator of it, showed it personally to him in Paris. As is known, methyl chloride is a gas, which is rendered liquid by pressure. The liquified gas directed upon the skin, produces immediate whitening and hardness by congelation ; these two effects disappear almost immediately, the skin becoming red and hot. To quote from Debon : "The jet of Methyl Chloride is directed upon the skin of the entire region which is the seat of pain. In sciatica from the sacrum to the malleolus." Patients experience a burning sensation, which is painful, but in no wise comparable to that produced by cauterization by heat, nor is it of long duration. No dressing is necessary.